	PATENT A	RD Application of bocket Number										
Effective October 1, 2000								0	98030	91	16900	9/2000
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL EN	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			24					ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		• 4		×	X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			ブ minus 3 =		4)	(40 =		OR	X80=	3217
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL		1	TOTAL	
	<i>ე</i> . c	JIML	<u> </u>	OR	OTHER	1102						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SI	MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	./6	Minus		74_	=	×	\$ 9=		OR	X\$18=	
AME	Independent	5	Minus •••		7	-	>	(40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J _	135=		OR	+270=	
							L	TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3)							IT. FEE		OR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS		HIGH	HEST		1 _		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	F	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	••		=	×	\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		-] [,	(40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	105			070	
								135= TOTAL		OR	+270= TOTAL	
			IT. FEE		OR	ADDIT, FEE						
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	i			•	,	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=	1 ├─	40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							0-		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."										OR	TOTAL ADDIT, FEE	
	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev 8/00)